

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

FILED
LOGGED 52 ENTERED
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FEB 26 2025

Keshawn Ennals

*

954 Forrest St.

Baltimore, MD 21202

(Full name, date of birth, identification #, address of petitioner)

Plaintiff,

v.

Case No.:

(Leave blank. To be filled in by Court.)

Baltimore City Police
Department

*

(Full name and address of respondent)

Defendant(s).

*

COMPLAINT

I. Previous Lawsuits

A. Have you filed other cases in state or federal court dealing with the same facts as in this case or against the same defendants?

YES ☐ NO ☒

B. If you answered YES, describe that case(s) in the spaces below.

1. Parties to the other case(s):

Plaintiff: _____

Defendant(s): _____

2. Court (if a federal court name the district; if a state court name the city or county):

3. Case No.: _____

4. Date filed: _____

5. Name of judge that handled the case: _____

6. Disposition (won, dismissed, still pending, on appeal): _____

7. Date of Disposition: _____

II. Administrative Proceedings

A. If you are a prisoner, did you file a grievance as required by the prison's administrative remedy procedures?

YES ☐ NO ☒

1. If you answered YES:

a. What was the result? _____

b. Did you appeal? _____

YES ☐ NO ☐

2. If you answered NO to either of the questions above, explain why: _____

N/A

III. Statement of Claim

(Briefly state the facts of your case. Include dates, times, and places. Describe what each defendant did or how he/she is involved. If you are making a number of related claims, number and explain each claim in a separate paragraph.)

(see attachment)

IV. Relief

(State briefly what you want the Court to do for you.)

(see attachment)

SIGNED THIS 1st day of February, 2025.



Signature of Plaintiff

Keshawn Ennals

Printed Name

954 Forrest St., Baltimore, MD 21202

Address

Telephone Number

Email Address

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Keshawn Ennals
954 Forrest St.
Baltimore, MD 21202

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(Full name, date of birth, identification #, address of petitioner)

Plaintiff,

v.

Baltimore City Police
Dept.

*

(Full name and address of defendant)

Defendant(s).

*

Case No.: _____
(Leave blank. To be filled in by Court.)

CERTIFICATE OF SERVICE

I hereby certify that on 15th of February, 2025,
a copy of Complaint Form
was mailed via first class mail, postage prepaid, to 101 W. Lombard St.
Baltimore, Maryland 21201

Keshawn Ennals
Signature of Plaintiff

Keshawn Ennals
Printed Name

954 Forrest St. Baltimore MD 21202
Address

Telephone Number

Email Address

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CLERK U.S. DISTRICT COURT
DISTRICT OF MARYLAND
DEPUTY